



2015 Fall Webinar Hosted by SCDCA

Date of the Webinar

Organization: _____

I hereby certify that the below-referenced licensee(s) did in fact attend the referenced webinar in it's entirety. DO NOT INCLUDE dl #

<i>Name of Counselor</i>	<i>Phone from which you dialed in....</i>

You may attached an additional list to this form or copy as needed.

Proctor's Name (print) _____ Email _____

Proctor's Signature _____ Date _____

SWORN TO AND SUBSCRIBED BEFORE ME
this _____ day of _____, 2015.

Notary Public for the State of _____
My Commission expires: _____